

Enhance report: LCH staff feedback

Dr Sarah Alden, October 2024



Enhance



Overview

The Enhance Programme is managed by Leeds Older People's Forum (LOPF) on behalf of Forum Central, in partnership with, and funded through Leeds Community Healthcare (LCH). Delivered by 13 charitable organisations across Leeds, the programme offers complementary non-clinical support aimed at maximising recovery, increasing independence, reducing deterioration, and easing pressure on LCH services.

Since its launch in June 2022 Enhance has received 1,558 LCH referrals, across staff teams based in 13 Adult and 8 Specialist Business Units (ABU and SBU) of which 1,195 were recorded on SystemOne. In its third year, referrals expanded to include SBUs. Feedback shows a range of positive impacts on both patients and staff, which are set out across thematic reports, case studies, and evaluations (see [here](#)).

This report focuses specifically on Enhance's reported outcomes and impact on LCH staff. It is based on:

- **Group and one-to-one interviews with 36 staff members**, of which: 21 were from the ABU; 10 from the SBU; 4 from Leeds City council (Appendix 1 sets out all job roles which contributed to this report). To ensure anonymity, individual quotes only refer to job role (ie., do not distinguish between ABU or SBU roles)
- **Questionnaires** completed by 33 LCH staff referrers, across 9 neighbourhood teams and 3 specialist units.

To note, whilst a good number of LCH staff participated in the interviews, not all LCH teams who refer into Enhance are covered and this discussion should be considered in conjunction with additional data gathered through Leeds Beckett University.

Differences based on LCH staff role

No significant differences were observed between staff from ABU and SBUs, aside from the latter reporting less impact due to being relatively new referrers. The variations were more closely related to job roles rather than the type of service provided. Time savings, such as identifying appropriate services, were commonly reported across all teams, whereas certain benefits, such as support with prescribed exercises, were more role-specific (eg., OTs, physiotherapists). The table below provides an overview of the main ways in which Enhance was typically reported to have saved time helped staff close cases (bearing in mind they frequently reported other areas too – as can be seen in the quotes provided throughout this report).



Table 1: How Enhance saved time: by staff role

Job Role	Ways Enhance Supports
All roles	Holistic support, identifying social, financial, and practical needs, and managing complex social issues like housing or financial problems. Supporting access to services.
OTs, OT assistants	Supporting patients to keep active and safe, adhere to exercise plans and helps with home safety adaptations.
Physiotherapists	Supports exercise and movement, keep well, providing motivation and reminders.
Nursing staff	Practical support such as arranging food parcels or coordinating practical tasks like cleaning services.
Community Matrons	Arranging cleaning services or food deliveries, keeping safe at home, general wellbeing
Neighbourhood Team coordinators	Administrative support like arranging prescriptions, referrals, or benefit applications.
Self-Management Teams	Encouraging patients to manage their care, helping with medication adherence, and building peer support.
Podiatrists	Building confidence to get outside and attend clinics.
Pharmacy Technicians	Following up with medication adherence and arranging for medication dispensers.



Reduction in Time Spent with Patients

Based on applicable survey responses Enhance:

- Had saved time for 82% of referrers.
- For 76% saved an average of 1.8 to 3.9 visits per person
- For 60% it enabled shorter visits/appointments.
- It saved time carrying out other non-clinical tasks for 76% who provided a positive response (an average of 1.4-2.4 hours per person).
- For 27% it enabled fewer and/or lower band staff to provide clinical support.
- 12% reported reduced DNA's/ cancellations.

LCH staff provided numerous examples of how Enhance had helped them save time by reducing both the frequency and length of home visits and office contacts. Nearly all reported time-saving benefits, with some highlighting how it supported them to *“improve the quality of care we provide”*. Staff who described their role as *“assessing a patient’s overall environment”* (Community Matron) tended to share more examples, describing their roles as—*‘holistic in nature’* (OT), and *‘understanding how patients manage their daily lives’* (Self-Management).

The following section highlights how particular non-clinical tasks led to saving time. To note, some interviewees gave examples across several areas – which due to the holistic model of Enhance was expected.

Emotional and social support

As with other evaluation findings, Enhance’s most significant impact was reported in social health, with several interviewees stating that support around social integration saved them time by allowing them to focus on clinical issues, with a number of staff providing examples of how they had spent longer on average with isolated or anxious patients. Social support was linked to all assessed Enhance benefits, such as people getting out to appointments, building confidence, and continuing with exercise plans. It also reduced the likelihood of deterioration through its positive impact on physical and mental health (considered later).

“I was spending a bit more time [with a patient], she had been on our caseload for some years and had just lost her husband...I was due to visit and was going to spend some extra time to sit with her for a while. I know I’m not supposed to but she wasn’t managing very well, and she didn’t have anyone else... I found [out about Enhance] and it was great as they were able to meet her and sit with her. This has saved me time, but I also feel better knowing there is someone there to help her.”(District Nurse)

“We have patients who say they don’t need to socialise, but they’re lonely and need someone to talk to...so I end up spending longer with these patients during visits. When Enhance steps in and helps them get out into the community, it reduces that need for us check in so often.” (OT)

A few staff (particularly NT Coordinators) described how referrals to Enhance had saved time as isolated patients contacted the Neighbourhood Team office less.

"[Enhance] has definitely saved me time as there are a few patients who would often ring the office as they were lonely, small problems could become bigger as they would get anxious and have no-one to talk to...I can think of quite a few patients who are not ringing in anymore or we have even managed to close, some of them are doing all kinds of things now. It is great to see." (NTC)

"One lady was calling an ambulance and us every week due to loneliness. By introducing her to [Enhance], we got her to leave the house and attend classes... It's made a real difference to her and she has stopped calling." (NTC)

"For the patients who are lonely, if we can encourage them to socialise, it stops them from dwelling on and ringing the office. When they're out mixing with people, their mind is taken off their pain—it's not as much of an issue, it won't hurt as much." (OT)

Building confidence to get outside and attend appointments

Enhance's role in getting people outside, attending appointments and/or LCH clinics and hubs was frequently mentioned as saving time through reducing: home visits; and the number of times they themselves accompanied patients to appointments. Regarding the latter – some staff described accompanying patients to appointments as part of their role. This was particularly so for staff who held a patient caseload.

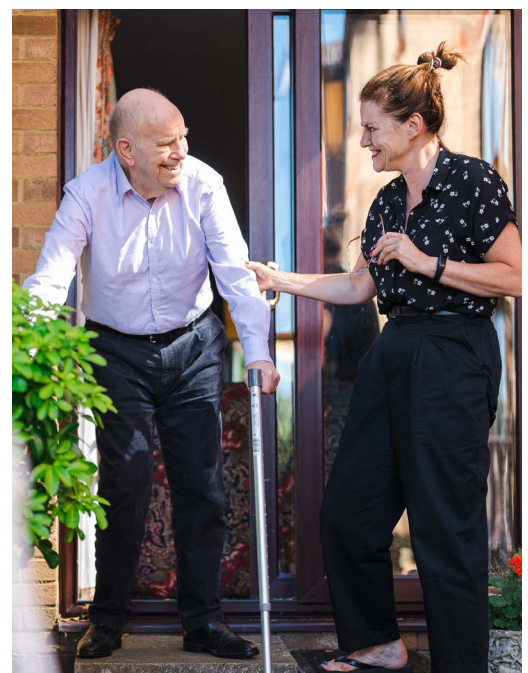
"I have 50 patients on my caseload – if they all need support walking, well – we can't do that of course. I helped one patient, we didn't walk far but he needed to take his time – he needed to stop and pace things and get his breath back, so it takes me 20 to 30 minutes. I have been able to refer patients like this and it is saving so much time. I will be [using Enhance] massively moving forward." (Physiotherapist)

"We do take patients to appointments if they can't get there themselves, it takes up so much time and saves so much when [Enhance] take this on." (Self-Management)

"In the past, I have helped a patient get to an optician appointment as they needed glasses...sight issues can impact on recovery as the patient had fallen a couple of times, it also meant she could administer her own medication safely...If I refer a patient to Enhance, they can sort this out." (OT)

An SBU reported how Enhance is working with them to encourage people to attend appointments and reduce home visits through; accompanying them directly and/or supporting people to get outside more generally. As relatively recent referrers – there were no specific examples of how Enhance may reduce the need for home visits in the long term – though early signs are promising:

"A [patient] referred to Enhance who I had been visiting at home came to clinic a couple of weeks ago with the worker...he wouldn't have been confident coming on his own... he has no family and [Enhance] are working to build up his confidence. He also walked to his GP surgery, he hadn't done this walk in years...I don't know if this patient will revert back to wanting a home visit when the 12 week support ends, but this progress feels positive (Podiatrist)



Health hubs in the community

24% of survey respondents reported that Enhance had enabled access to an LCH clinic or health hub

Self-management and nursing staff valued the support of Enhance in encouraging people to attend hubs or clinics – saving them time through reducing home visits., and also shortening appointments through supporting patients to self-manage. Even though LCH may run community style clinics, there was consensus that some patients would be less willing to give it a try or return if it was held in a medical setting, or they did not benefit from the social aspect of the visit.

“Having patients come to the health hub for both social and clinical reasons really saves time. Instead of making multiple home visits, I can see up to 12 patients in a two-hour slot. We can take care of their clinical needs, like changing dressings, while they enjoy social activities. It’s far more efficient than trying to fit all of that into individual home visits.” (Self-management)

“The whole [working collaboratively in the community] saves loads of time for us, the appointment times are shorter, and we don’t have to carry out so many home visits...without the social stuff being supported [through Enhance] I don’t think as many people would come” (Self-Management)..” (Self-Management)

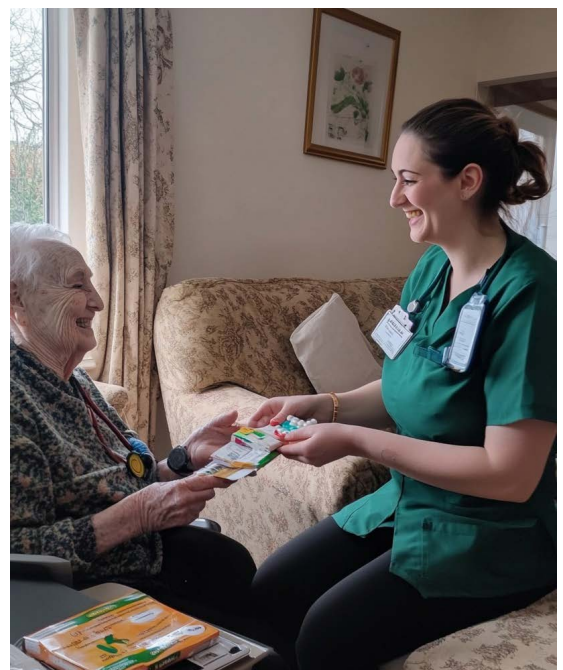
“[Enhance] support us to get patients to the hubs we run, they provide transport and there are staff on hand to make tea and get people involved, it really helps free up our time for what we need to do...during one hub session they invited someone to talk about new technologies to support people around the home. These were really simple to use and felt like a win, win – as people were also finding out different ways to manage their own health in the long run too.” (Self-Management)

“We had a gentleman with leg ulcers who was struggling to leave the house...[Enhance] helped him build his confidence to walk, and now he’s able to get out to the hub for his leg dressings. This means we no longer need to visit him every other day, which frees up our time to see other patients. It’s been a huge time-saver.” (District Nurse).

Picking up on fostering social connections, self-management staff in particular felt that Enhance’s role linking patients to peers with similar conditions gave them the confidence and motivation to manage aspects of their own health.:

“Patients can meet people [at the self-management hub] and can talk to each other about how to manage or change dressings...sometimes what it takes is hearing about others who are managing – you can see with some patients how they then decide to give it a try themselves. For one patient – even though it took a long time, she is determined now to do [leg dressing] herself (Self-Management)

“Enhance links patients to groups and services, once they build confidence it gives them that extra push to change their dressing – they don’t look forward to the nurse visiting them at home any more.” (Self-Management)



Carrying out prescribed and recommended physical activity

Physiotherapists and OT staff particularly valued Enhance's role in offering ongoing encouragement and reminders to keep to prescribed exercises and recommended movement. This was felt to both reduce visits and help accelerate recovery (meaning quicker case closures – see below).

“It saves time with exercise prompts and weekly check-ins...we can ask assistants to do this but they are often too busy to focus on exercise prompts so it means physio's need to do this. But when busier we struggle with this. I see a clear route to Enhance supporting this further in the future.” (Physiotherapist)

“Giving people confidence to get outside, get walking after a heart attack [Enhance] allows patients to continue their recovery while reducing the frequency of follow-ups by keeping them active.” (Physiotherapist)

Navigating services, strengthening referrals, and providing essential help

Facilitating access to services was frequently referred to across staff teams, whether through signposting or direct referrals. Examples included arranging social care reviews, organising stairlift installations, referring to the fire service for safety checks, making home adaptations, housing, managing pest control, applying for disability-related benefits, sorting out energy, and securing keysafes or dosette boxes.

Some staff described Enhance's role as handling those “small tasks” that, while not always recorded, added up over time. Others offered specific details, noting time savings from 30 minutes for arranging a keysafe to over an hour for processing disability benefit claims or referring patients to Adult Social Care. Staff also emphasised the additional time spent following up on these referrals, especially for patients without family support. For instance, staff reported hours spent coordinating with local authorities on pest control issues, setting up financial assessments, and liaising with Adult Social Care.

The convenience of having Enhance as a single point of referral was also highlighted, as it saved staff the effort of searching for local services on their own.

“Enhance saves time by providing a central point of contact. Instead of needing to sort out referrals to unfamiliar [community] services, or Googling to see what is available, I can pass this to someone who knows the local services well.” (Occupational Therapy Assistant)

All staff shared at least one instance where they spent time helping a patient access non-clinical support, whether by searching online for local services, contacting a relative, or collecting essential items when no one else was available. Some staff pointed out that although these tasks were outside their formal responsibilities, they felt compelled to assist in order to fulfil their ‘duty of care.’ Staff in more holistic or coordinator roles, however, saw these tasks as part of their job.

“Sometimes when you start working with patients, especially those who are isolated or have lots of issues - they have other things going on in their lives – you don't feel confident that they will keep up with prescribed exercises, it is difficult to do if you are cold or struggling to sort out your finances. These things have to be sorted, I can refer these cases [to Enhance] – but without it I would have to try and help out myself – which obviously eats into the time I can spend on what I am actually there to do.” (Physiotherapist)

“A lot of our job as Matrons is to avoid hospital admissions and keep people safe at home. Enhance has been a real help with that...we referred a gentleman who had fallen multiple times due to clutter and poor cleanliness at home...they supported him to sort this out, and to find a cleaner. I feel this has reduced his falls risk but also gave him pride in his home – all this can help people along [in their recovery].” (Community Matron)

Neighbourhood Team Coordinators specifically noted that Enhance saved them time by handling referrals they would typically manage. This allowed them to focus on other aspects of their work and even explore opportunities for closer community collaboration—something that is part of their job description but often sidelined due to time constraints.

“The admin side of things, like getting social care referrals or benefit applications, is so time-consuming. Enhance has helped to lighten that load for us.”

“Things like pendant alarms can be tricky to sort out because you need two next-of-kin signatures, which can be time-consuming. With Enhance, I can pass that on, and they handle it, which frees me up to focus on other priorities.”

“We had a patient who was very vulnerable in living in a council house – she was a heavy smoker, if there was a fire she wouldn’t get out...I spent time ringing the fire service but I couldn’t get them to go out as it was a council property. I referred it to Enhance and they took it over.”

Staff highlighted the importance of disability-related benefits, such as Attendance Allowance, in helping patients secure the financial support needed to manage their own health. They noted that Enhance not only saved them time by handling these applications but also suggested that this financial stability could help reduce long-term pressure on LCH and the NHS.

“I find that claims for Attendance Allowance take a lot of time and can be daunting...I have started to pass these on [to Enhance]. They know how to complete the forms efficiently...they know the buzzwords and what to include, which not only saves my time but also ensures patients get the support they need.” (Self-Management)

Some staff members referred to Enhance supporting people to use technology to build independence. Which could save staff visits and help enable people to build independence quicker.

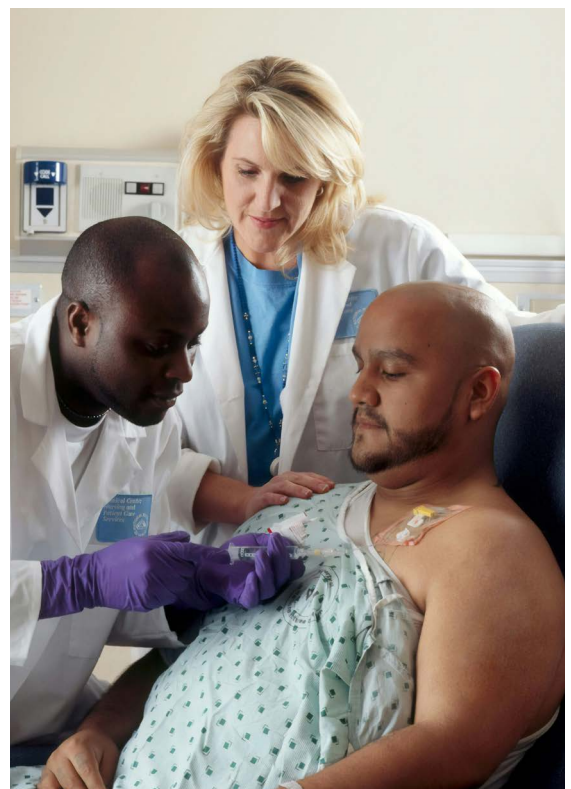
“I asked Enhance to help a patient set up an Alexa for medication prompts. I don’t have a clue about technology, but they can help with things like that, which is great. It should reduce the need for visits once they get used to it.” (Pharmacy Technician)

Keeping people safe

Getting things in place to keep people safe was referred to by staff who supported physical rehabilitation, and those who held caseloads. Reducing the likelihood of falls was frequently referred to as key to allowing LCH staff to feel able to close cases.

“Ensuring patients’ homes are safe reduces the risk of them falling. Though we can do this, it’s great that Enhance can support this, as even though I can set up an assessment, it takes the task off of my hands and I can focus on something else.” (Community Matron)

“There’s one guy whose house was in a terrible condition—no fire alarms, unsafe kitchen, living room falling apart. He had no idea where to turn we got [Enhance] in, they got the fire service in and helped him get benefits that he was entitled to. This is what is needed to stop people needing more medical care down the line.” (Clinical Nurse Specialist)



Supporting complex patients, or those on a low income to better manage their health

Staff provided examples of Enhance helping patients access essential items - which in turn helped patients to maintain their hygiene and reduce the chance of complications such as pressure sores or reinfection which could lead to more visits, or spending longer with a patient during a visit:

“[a patient] needed a new mattress, he had a rare skin condition and his bed was covered with blood...he was disabled and physically not able to sort out a mattress. Enhance range around companies and got someone to bring a new mattress... [another] patient’s washing machine broke, he was poor and couldn’t afford a new one, he was a wheelchair user – he had to drag his laundry to a launderette [Enhance] sorted out a washing machine and he only had to pay a small amount for it. He needed access to clean bedding to avoiding infecting his wounds.” (Clinical Nurse Specialist)

For patients on a low income, staff often reported that they did extra things as part of their duty of care to the patient – as the consequence of not could put the patient at risk, particularly if they struggled to keep warm or eat.

“I helped to sort out some food for a patient whose husband had recently died – she wasn’t eating and was really upset..., maybe I shouldn’t but I didn’t want her stuck at home and going hungry...I went to a charity shop to pick up a shirt – there is a long waiting list for [ASC] I didn’t want that on my conscience, can’t leave a patient whose basic needs aren’t being met...If I refer to Enhance they support this, it saves time but my own conscience as well.” (OT)



Helping to manage waiting lists

27% of LCH survey respondents reported that Enhance had a positive impact on waiting list/waiting times

Enhance was felt to play a role in reducing future pressure on LCH by working with patients on clinical waiting lists. Staff felt that tackling the non-clinical areas in a patient's life helped them to manage and sometimes improve their health. This meant that once somebody was seen by LCH, they could offer a more efficient service concentrating more on clinical need. An Enhance referral:

- Made it less likely that non-clinical issues would come to the fore at initial sessions (eg., requiring a social care package, ensuring home is safe).
- OT and Physiotherapist staff gave examples of patients waiting for their services being encouraged to get outside, increasing their ability to get the most out of prescribed exercises more quickly.

A few staff members gave anecdotal examples of patients being removed from waiting lists altogether, as it was identified that there was no clinical need.

For those working across SBUs involved in piloting ways to reduce pressure on waiting lists, staff felt that though Enhance has potential – it was perhaps too early to comment on its full impact. Some recognised that there was further work to do in encouraging LCH staff to refer patients on a waiting as early as possible.

“Enhance helps patients get out and about while on the waiting list, which builds their confidence...it makes it easier for us to then go in and build an understanding of where the patient is at and what they need. Sometimes [where patients don't have support whilst on waiting list] we need to spend longer at the beginning understanding what they are able to achieve...if they have already been supported in movement or getting outside, we can better gauge where they are at” (physiotherapist)

“The help provided through [Enhance] helped my job when the person on the waiting list was seen by us, we had a better understanding of where the limitations were. In future this could save time as we are freed up to focus on the real issues. It means they are in a better place to ensure they can fully benefit from therapy support.” (OT)



Earlier discharge from emergency or residential services

Enhance was felt to speed up discharge from institutions (hospital and recovery hubs) - particularly for patients with complex needs or those living alone. This was due to Enhance addressing non-clinical issues that need sorting quickly, like food provision, 'warmth' packages, or ensuring utilities are turned on and no hazards are present.

"It makes it easier to discharge as you can remove the worry about people not coping at home. When someone is due to be discharged – [Enhance] can help them get back into the community quicker – some patients don't want to leave the hubs, as they get meals and company." (OT)

"If we know a patient has no family – we might add on a couple of additional days before they can be discharged, as we know it can take longer to ensure things are in place, when we [refer into Enhance] this can remove the need for this." (OT)

"We can't discharge a patient into an unsafe environment, or where there is a fall or fire risk, or they don't have access to food. We have to make attempts to sort things out, or wait until it is...as Enhance can take this on... it helps us get to a place where we can discharge patients" (Nurse)

"For some it is nice to have someone sort out food...it is good for us as we don't feel comfortable sending someone home who will go hungry or not cope. It feels like a safety net. If family are on holiday, it can delay discharge. It might be that the family would [just] do a bit of shopping, but it can still delay discharge... it's good to refer in [to Enhance] to pick this up" (OT)

One staff member pointed out that referral to Enhance can prevent people requiring the service again in the future:

"Once [discharged] Enhance can help them build confidence and stop them going down into a rut. People sometimes can't [get out into the community] themselves, they need someone to introduce them. " (OT)



Supporting case closure and reducing return to services

Based on survey responses 51% reported that earlier discharge was enabled, with an average caseload saving of 3.1 to 3.6+ days per person

Staff frequently linked the support offered through Enhance to earlier case closures, and/or reducing the likelihood of people returning to LCH, achieved through improving a person's ability to live safely, continue positive health behaviours and being there to follow up on referrals. This was particularly so for patients who are in a position to benefit from services in the community.

Many noted that the proactive model delivered through Enhance allowed them to identify a broad range of patient needs – often beyond that initially picked up by the LCH staff member. This was felt to contribute toward closing cases earlier, as it increased the likelihood of unresolved issues being picked up:

“We just don't have that time to spend with a patient to find out what they might need, sometimes there is so much going on. We know this could affect them getting well, or things can go wrong. You need something [like Enhance] to try and tackle these as it helps them to get the most out of the clinical help we give... We have had patients come back to us in the past, and though we don't really know if that could have been prevented, it is definitely the case that people get overwhelmed and then get more anxious around their health.” (OT)

Promoting social health

Enhance's proactive role in addressing social determinants of health was felt by many to help prevent deterioration, particularly for patients who live in areas of high deprivation.

“Supporting independence is the ultimate aim [of our role], and clinical support alone is not always sufficient to achieve this.” (Self-management)

“We're often focused on the clinical side, but Enhance helps with the social side, which is so important for preventing patients from deteriorating...It's all about prevention rather than cure, and that makes a big difference in keeping patients healthy and out of the system.” (NTC)

“Enhance makes it easier to discharge patients knowing that their wellbeing will be monitored, and social needs handled, allowing us to focus on what we do best.” (OT)

Staff noted that Enhance's role in encouraging patients to get outside and engage in the community (e.g., walking groups, social hubs) helped them to gain a sense of purpose and motivation, which contributed to their overall health and meant long term cases in particular could be closed.

Supporting patients to achieve self-management and maintenance goals

Some staff highlighted that Enhance made it easier to discharge patients due to providing ongoing support. For Physiotherapists, OTs and OT assistants – maintaining exercise and movement was frequently reported. Staff gave examples of Enhance offering direct prompts, though also increasing motivation through tackling issues that may get in the way of maintaining progress once cases are closed.

“Enhance can let you close cases sooner. I can leave exercise sheets, but the challenge is keeping patients motivated, especially if they are lonely, and they might forget. The [Enhance Worker] has been prompting a patient to do their exercises. I have now discharged, as I know Enhance is going to help them continue the exercises.” (Physiotherapist)

“For [a patient] I was trying to chase LCC about sorting out a stairlift and a wet room...it is impossible not to get involved sometimes, as this patient was breathless and can't get up the stairs...even if we had sorted the immediate clinical need you can't help but think that patient will decondition if you close [the case] .I made a referral [to Enhance], they have been on it and they are sorting it out...I feel more confident that we can close that case soon.” (Nurse)

Key to earlier discharge from services was the trust built between staff teams, particularly through working together and observing Enhance support.

“When I had to go on a six-week placement, I felt confident leaving the patient with [Enhance worker]. His proactive approach and understanding of [the patient's] mental health challenges made a real difference. He not only took the time to go over exercises but was supportive throughout... It was a relief knowing I could trust him to keep things moving in my absence, allowing me to discharge the patient without needing additional input from the Neighbourhood Team.” (OT Assistant)

Self-Management staff offered examples of earlier case closure due to patients managing elements of their care. As highlighted earlier, for patients who visited hubs hosted by Enhance staff– getting involved in activities and meeting others meant cases could be closed.

Other examples included ensuring people had things in place to help them self-manage at home, which was particularly important for those who may remain housebound beyond the period of Enhance support. Staff provided examples of patients being supported with voice activated tools, medication prompts and encouraging people to check their own blood pressure.

SBU teams who had recently started to refer into Enhance also talked about its potential to help them close cases:

“I feel referrals for those deconditioned could work really well, where it is more confidence building, carrying on work that we done around building endurance, stamina, self-esteem...you don't need a therapist when it's about reassurance and practice...Enhance is perfect for this.” (OT)

Keeping people safe

Staff gave examples of how Enhance's work around ensuring patients could live safely at home led to quicker case closure, such as installing key safes, safety measures or arranging home adaptations like stairlifts or handrails. In some cases, these were in place prior to closure, in others Enhance continued working with people whilst they waited for things to be put in place. Some staff highlighted that without this, there was a risk that patients would return to an institutional setting. Housing in particular was referred to here, as some needed support to arrange more appropriate housing to help them better manage and reduce risk of falls.

"It bridges the gap between independence and the risk of relapse, especially for patients without family to support this...I think without sorting all the areas at home that may make it less safe, it is hard to discharge that patient" (Physiotherapist)

Reducing health Inequalities through tackling low income

Staff frequently highlighted the role of Enhance in supporting patients from deprived areas, where social and financial challenges were felt to impede recovery and lead to cases remaining open for longer. As referenced elsewhere, this included facilitating access to essential resources such as food, heating, and financial support.

Examples were provided of Enhance maximising income, to help people afford what they need to keep well. This included eating and keeping warm, but also paying for cleaners (helping to avoid trip hazards).

"We often see patients living in poor conditions—cold houses, poor diet, no access to basic resources... I had a gentleman whose house was freezing, and his food was going to waste. Enhance helped him with his food, arrange a cleaner, and is working with his housing officer to sort out essential repairs... improving his [living conditions] means we can focus on helping him get better, it is difficult to concentrate on exercise when all this is going on (Physiotherapist)."



Enhancing Job Satisfaction and Wellbeing

Over half the staff interviewed gave examples of how Enhance contributed to role wellbeing and reduced stress through providing reassurance, peace of mind, and making elements of the role more enjoyable. With non-clinical tasks delegated to Enhance, some staff felt that they could focus on more meaningful aspects of patient care, which enhanced their sense of job satisfaction as well as offering peace of mind:

“I feel more satisfied with my work because I know my patients are getting the full range of support they need. It’s not just about their health—it’s about their wellbeing and Enhance helps with that.”

“It stops you worrying about patients – it gives peace of mind – one less thing to think about – for me that person knows someone else cares – if they get someone involved – in the past I would keep worrying.”

For staff who typically took on non-clinical tasks, Enhance lightened the load, enabling them to focus on what they do best.

“We often refer patients to Enhance for help with benefits applications like Attendance Allowance...Enhance can spend the time explaining the financial assessments and benefits in detail, which we don’t always have the capacity to do, even though we know getting this support will help them get what they need to keep well...it’s so reassuring to know these areas are being looked at”

“Knowing Enhance is there to provide social and emotional support means I can focus on my core tasks without feeling like I’m neglecting a patient’s emotional needs. That has definitely reduced my stress levels.”

“Enhance has reduced a lot of the stress around managing non-clinical issues. We used to spend so much time coordinating things like welfare support or arranging social services. Now, it’s a relief knowing that Enhance can take care of that.”

LCH reported that they could dedicate more time to the clinical aspects of their job, reducing the pressure of handling complex social issues that fell outside their professional expertise. Some staff also valued building relationships in the community – with Neighbourhood Coordinators in particular pointing out their role was originally intended to be community facing. Feeling more connected to community organisations enhanced staff enjoyment of their role, and they valued being part of something more outward facing:

“There’s a huge emotional burden when you’re dealing with patients who are struggling, especially those who are socially isolated. Enhance shares the load – you feel like you can tap into someone else.”

“With Enhance involved, there’s less of that nagging worry that I’m leaving things undone. It makes the job less overwhelming and makes me feel more supported.”

“The collaboration with Enhance has been brilliant. It feels like we’re working as part of a team, which not only improves patient outcomes but also improves our morale and makes the job feel more rewarding.”

Value for Money and Future Funding

Most staff interviewed hoped Enhance funding would continue. As well as saving time, it also allows LCH staff to focus on their core duties and provided a convenient single referral route. Though not at a quantitative level – individual staff, speaking for themselves and their wider teams, provided a number of specific examples of where an Enhance referrer had saved their time.

Many staff felt that Enhance had the potential to make significant savings to the healthcare system by preventing readmissions, reducing the need for long-term care, and shortening hospital stays.

Based on conversations with staff, it was clear that whilst cost benefit will always be difficult to show, it showed value for money inasmuch as it contributed to helping staff achieve LCHs mission of delivering patient centred care. Overall value was more pronounced in areas of high deprivation, where patients struggle with social and financial issues that other services may not address.

Considerations

This section offers a brief summary of issues which some staff fed back as taking up unnecessary time. Enhance is continuing to learn and build foundations. Whilst newer referrers (eg., SBUs) offered examples of how Enhance had saved their time – some felt that more time was needed to realise the full benefits. Other staff pointed out that to get the most out of Enhance, a more proactive, preventative shift was needed overall. Many highlighted that patients were sometimes reluctant to accept referrals, believing that they would miss out on clinical care. One provided an example of a patient with no identified clinical need insisting they remain on a waiting list as their consultant told them they needed to see a Physiotherapist. These reflections highlight how broader issues can influence programme outcomes.

Referrals

Most staff felt that the time they spent referring into Enhance was recouped due to the benefits to them and patients. The referral process was felt to have improved, with staff describing clearer information, straightforward referral processes and where available - being able to liaise with Neighbourhood Team Coordinators. However, new referral routes meant staff without coordinator support needed to get to grips with the process. For a service run by the local authority, staff were mistakenly told they could not refer into Enhance. This led to one questioning whether it was worth their time chasing up LCH to get these issues resolved.

Reach

Enhance did not cover all the areas that some LCH staff covered, which meant time spent identifying which ones could be referred to Enhance, as well as finding time to identify suitable services for those who did not come under its remit. A couple of staff members asked if Enhance could initially pick up all referrals centrally – and then take on signposting for those outside its remit.

Issues around different patient profiles came up, a few (particularly SBUs) reported having younger cohorts on their caseload who would particularly benefit from Enhance. Newer and original referrers questioned whether Enhance was suited to patients who are housebound., due to its time limited model, and in the case of a few Delivery Partners – providing a service that felt more geared to social support linked to community integration.

Duration and capacity

Some LCH staff recognised the opportunity to use Enhance to reduce home visits through encouraging patients to visit them in clinic. Yet SBU staff based at a Enhance pilot site questioned

whether Enhance had the capacity to pick up all potential eligible cases. The team also questioned whether patients would revert back to home visits once the 12 week support ended, meaning the time saved would be short lived. In fact, the 12 week support duration was brought up by staff who work with patients who have multiple needs or were expected to remain housebound. For some of these staff, referrals into Enhance can nevertheless have value, but its ability to realistically support them in the long term was less understood.

Fitting into LCH pathways

Staff across some teams, such as recovery hubs – felt Enhance’s impact was maximised when service set up is rapid, be that prior to discharge, or as soon as patients are placed on waiting lists. Yet as Enhance referral pathways expand, there is a risk that Delivery Partners build waiting lists themselves (which has happened for a few).

Resourcing Enhance to meet demand

The above discussions around increasing reach, duration, linking pathways and opening additional referral routes are all connected to the resource available to Enhance. For example, covering additional postcodes or encouraging more referrals across SBUs and beyond opens up the risk of increased wait times, or reducing the time Enhance staff can spend on more complex patients. This risks impacting on the holistic aspect of the role, and as a few LCH staff members perceived that some Enhance staff were less willing to take on patients with more complex needs – this needs particular consideration. Staff in the main recognised resource constraints, with suggestions that Enhance should focus on a particular group (most frequently suggested was those on a low income, or isolated with no family support).

Suggestions

Based on the interviews, this section offers a few suggestions about how Enhance can continue to maximise targeted support, whilst saving time and easing pressure for LCH staff. Across all of these, it is important to consider resource implications:

- Consider piloting an extended support programme (beyond 12 weeks) for specific high-risk groups, such as older adults with limited social networks, patients with long-term complex conditions. Enhance staff can work with LCH and patients to set goals which focus on long-term health maintenance and social independence.
- To meet potential future demand and ensure the sustainability of Enhance, LOPF and LCH should work together to explore alternative funding sources across different sectors .
- A few staff members want to see data which robustly links Enhance to saving time and supporting quicker case closure. As a relatively new service, and one where referrals make up a small minority of total LCH patients, it will take time for quantitative impact to show. In the meantime, Enhance should continue to share case studies and identify potential sources of data through pilots. LCH champion model should be retained (particularly for clinical staff), both to help share evidence, though also to promote Enhance across peers.

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Appendix One: List of participant job roles

- Cardiac rehabilitation physiotherapist (SBU) (1)
- Clinical nurse specialist (CUCS, SBU) (1)
- Community Matron (4)
- Community Nurse (1)
- Heart failure nurse (2)
- Neighbourhood team coordinator (5)
- Nurse (SBU) (1)
- Occupational therapist, ABU (3)
- Occupational therapist (Neurology rehabilitation service) (1)
- Occupational therapist (Recovery hubs) (4)
- Occupational therapy Assistant Practitioner
- Pharmacy technician (1)
- Physiotherapist (3)
- Respiratory Physiotherapist (2)
- Senior community nurse (1)
- Self-management (4)
- Wound specialist (SBU) (1)
- Wound specialist (Podiatrist, SBU) (1)

